



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION & COLLECTION
P.O. BOX 811, JEFFERSON CITY, MO 65105-0811
**CIGARETTE/OTHER TOBACCO PRODUCTS
TAX LICENSE APPLICATION**

FORM
2175
(REV. 11-2004)

FOR OFFICE USE ONLY

LICENSE NUMBER

DATE ISSUED

CHECK NUMBER

\$100.00 FEE IS REQUIRED WITH APPLICATION (MAKE CHECK PAYABLE TO THE "DEPARTMENT OF REVENUE").

TYPE OF APPLICATION:

- ☐ NEW LICENSE
☐ RENEWAL

REGISTERING FOR:

- ☐ CIGARETTE WHOLESALER'S LICENSE ☐ OTHER TOBACCO PRODUCTS LICENSE ☐ BOTH

DATE BUSINESS OPENED _____

TYPE OF OWNERSHIP

- ☐ SOLE PROPRIETORSHIP
☐ PARTNERSHIP
☐ LIMITED LIABILITY CO.
☐ OTHER _____

- ☐ MISSOURI CORPORATION
☐ FOREIGN CORPORATION
☐ LIMITED PARTNERSHIP

MISSOURI CHARTER NUMBER _____

CERTIFICATE OF AUTHORITY NUMBER _____

LIMITED PARTNERSHIP NUMBER _____

OUT-OF-STATE APPLICANTS MUST SUBMIT A COPY OF THE COMPANY'S CERTIFICATE OF GOOD STANDING AND A COPY OF THE CIGARETTE WHOLESALER AND/OR OTHER TOBACCO PRODUCTS LICENSE FOR THE COMPANY'S HOME STATE.

BUSINESS NAME AND PHYSICAL LOCATION

The license will be issued to this address. Inventory must be kept at this address and cigarettes stamped here. We will only ship decals to this address.

COMPANY NAME

MIT NUMBER

DOING BUSINESS AS

FEIN

STREET

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

FAX NUMBER

CONTACT PERSON (List name of person to contact regarding license application)

NAME

TITLE

TELEPHONE NUMBER

E-MAIL ADDRESS

BUSINESS MAILING ADDRESS

STREET, ROUTE OR PO BOX NUMBER

CITY

STATE

ZIP CODE

COUNTY

RECORD STORAGE ADDRESS (DO NOT USE PO BOX NUMBER)

STREET, HIGHWAY, COMMUNITY

CITY

STATE

ZIP CODE

COUNTY

BUSINESS ACTIVITIES (DESCRIBE ACTIVITY AND CHECK ALL BOXES THAT APPLY TO YOUR BUSINESS.)

- ☐ RETAIL _____% ☐ WHOLESALE _____% ☐ MANUFACTURER _____% ☐ OTHER _____%

DESCRIBE THE PRIMARY BUSINESS ACTIVITY: _____

- ☐ PURCHASE ALL PRODUCTS (UNSTAMPED CIGARETTES AND/OR OTHER TOBACCO PRODUCTS) DIRECT FROM THE MANUFACTURER. ATTACH LIST OF MANUFACTURERS, INCLUDING NAMES, COMPLETE ADDRESSES, AND TELEPHONE NUMBERS.
- ☐ PURCHASE OTHER TOBACCO PRODUCTS FROM SUPPLIERS THAT ARE NOT MISSOURI LICENSED WHOLESALERS. ATTACH LIST OF SUPPLIERS, INCLUDING NAMES, COMPLETE ADDRESSES, AND TELEPHONE NUMBERS.
- ☐ OPERATE RETAIL STORES WHERE CIGARETTES AND/OR OTHER TOBACCO PRODUCTS ARE SOLD. ATTACH LIST OF LOCATIONS, INCLUDING TAX NUMBER OF EACH LOCATION.
- ☐ OWN, OPERATE, AND/OR SERVICE CIGARETTE VENDING MACHINES, AND/OR HUMIDORS. ATTACH LIST SHOWING NAME AND ADDRESS OF EACH LOCATION.
- ☐ BUY AND/OR SELL TOBACCO PRODUCTS ON THE INTERNET. WEBSITE ADDRESS: _____
- ☐ BUY AND/OR SELL TOBACCO PRODUCTS BY TELEPHONE SALES.
- ☐ BUY AND/OR SELL TOBACCO PRODUCTS BY CATALOG SALES. PLEASE ATTACH A COPY OF YOUR CATALOG.
- ☐ PLACE OTHER TOBACCO PRODUCTS IN RETAIL LOCATIONS ON CONSIGNMENT. ATTACH LIST SHOWING NAME AND ADDRESS OF EACH LOCATION AND A SAMPLE COPY OF CONTRACT BETWEEN YOU AND THE RETAILER.

PREVIOUS OWNER INFORMATION

NAME OF PREVIOUS OWNER

NAME OF PREVIOUS BUSINESS

PREVIOUS LICENSE NUMBER

DATE BUSINESS CLOSED

PREVIOUS BUSINESS ADDRESS

CITY

STATE

ZIP CODE

COUNTY

If you have questions or need assistance in completing this form, please call (573) 751-7163 or e-mail excise@dor.mo.gov. You may also access the department's web site at www.dor.mo.gov/tax/business/tobacco/forms/. TDD: (800) 735-2966

IDENTIFY OWNERS, OFFICERS, PARTNERS, MEMBERS (ATTACH LIST IF ADDITIONAL SPACE IS REQUIRED.)

NAME (LAST, FIRST, MIDDLE INITIAL)	TITLE	SOCIAL SECURITY NO.		BIRTHDATE	
HOME ADDRESS	CITY	STATE	ZIP CODE	COUNTY	EFFECTIVE DATE OF TITLE
NAME (LAST, FIRST, MIDDLE INITIAL)	TITLE	SOCIAL SECURITY NO.		BIRTHDATE	
HOME ADDRESS	CITY	STATE	ZIP CODE	COUNTY	EFFECTIVE DATE OF TITLE
NAME (LAST, FIRST, MIDDLE INITIAL)	TITLE	SOCIAL SECURITY NO.		BIRTHDATE	
HOME ADDRESS	CITY	STATE	ZIP CODE	COUNTY	EFFECTIVE DATE OF TITLE
NAME (LAST, FIRST, MIDDLE INITIAL)	TITLE	SOCIAL SECURITY NO.		BIRTHDATE	
HOME ADDRESS	CITY	STATE	ZIP CODE	COUNTY	EFFECTIVE DATE OF TITLE

If you are licensed for cigarette or other tobacco products in other states, please list the state and all license numbers.

ALL CIGARETTE TAX APPLICANTS MUST COMPLETE THIS SECTION

NEW CIGARETTE WHOLESALE APPLICANTS MUST ATTACH LETTERS OF RECOMMENDATION FROM FOUR OF THE FIVE LEADING MANUFACTURERS, I.E., BROWN & WILLIAMSON, LIGGETT & MYERS, LORILLARD, PHILIP MORRIS AND R.J. REYNOLDS.

LIST THE BRAND NAME, TYPE, AND MODEL NUMBER OF THE STAMPING MACHINES YOU WILL USE:

CHECK THE APPROPRIATE BOX AS TO HOW YOU WISH TO PURCHASE DECALS:

☐ CASH BASIS ☐ CREDIT BASIS * ☐ CASH AND CREDIT BASIS *

* MUST POST BOND FOR AMOUNT OF CREDIT DESIRED (CONTACT OUR OFFICE AT (573) 751-7163 FOR FORMS AND INSTRUCTIONS.)

ALL APPLICANTS MUST SIGN AND DATE THE APPLICATION

I DECLARE THAT THE ABOVE INFORMATION AND ANY ATTACHMENTS ARE TRUE, COMPLETE, AND CORRECT. THE APPLICATION MUST BE SIGNED BY THE OWNER, IF THE BUSINESS IS A SOLE PROPRIETORSHIP; BY A PARTNER, IF THE BUSINESS IS A PARTNERSHIP; OR BY A REPORTED OFFICER, IF THE BUSINESS IS A CORPORATION. THE SIGNATURE **MUST** BE OF THE OWNER, PARTNER, OR OFFICER AS REPORTED ON THIS APPLICATION.

SIGNATURE	TITLE	DATE
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PLEASE TYPE OR PRINT NAME

GENERAL INSTRUCTIONS

1. Cigarette wholesalers must complete the entire application. New applicants must attach letters of recommendation from four of the five leading manufacturers. Attach all back-up documentation required for application.
2. Applicants for other tobacco products license, who are not applying for a cigarette wholesaler's license, are required to maintain a bond in the amount of three times the average tax liability, estimated in the case of a new applicant. There is a \$500.00 minimum. Call (573) 751-5772 to request bond forms and/or additional information.
3. Applicants applying for both cigarette and other tobacco products licenses are only required to submit one (\$100.00) license fee.

Mail the original application, bond form and all required documentation to: Division of Taxation and Collection, PO Box 811, Jefferson City, Missouri 65105-0811. Retain a copy for your records.

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